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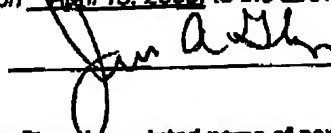
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**FACSIMILE TRANSMITTAL SHEET AND  
CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8****TO: Examiner Katherine O'Malley - United States Patent and Trademark Office**

Fax No. (703) 872-9306 Phone No. (703) 308-2844

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on April 15, 2005, to the above-identified facsimile number.

 (Signature)**FROM: Julia A. Glazer (Typed or printed name of person signing Certificate)**

Fax No. (513) 627-8118

Phone No. (513) 627-4132

Listed below are the item(s) being submitted with this Certificate of Transmission:\*\*

1) Response ( 5 pages)

2) Fee Transmittal (1 page)

3)

4)

Number of Pages Including this Page: 7

Inventor(s): Heilman, et al.

S.N.: 10/697,685

Filed: October 29, 2003

Case: 9398

Comments:

\*\*Note: Each paper must have its own certificate of transmission, OR this certificate must identify each submitted paper.

APR-15-2005 17:55

F&amp;HC PATENT DIVISION

5136278118 P.02/07

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

| FEE TRANSMITTAL<br>for FY 2005<br>Patent fees are subject to annual revision.<br>Effective December 8, 2004 |  | Complete if Known    |                     |
|---|--|----------------------|---------------------|
| TOTAL AMOUNT OF PAYMENT (\$120.00)  |  | Application Number   | 10/897,685          |
|   |  | Confirmation Number  | 9815                |
|   |  | Filing Date          | October 29, 2003    |
|   |  | First Named Inventor | Laura Lynn Hellman  |
|   |  | Examiner Name        | Kathryn S. O'Malley |
|   |  | Art Unit             | 3749                |
|   |  | Attorney Docket No.  | 9398                |

| METHOD OF PAYMENT   |   | FEE CALCULATION (continued)   |                 |   |                 |  |   |  |                                  |  |   |  |                                    |  |                                    |  |                                  |   |                                  |   |   |                           |                                  |                  |                                  |  |  |                          |                                    |   |                                    |        |                          |
|---|---|---|-----------------|---|-----------------|--|---|--|----------------------------------|--|---|--|------------------------------------|--|------------------------------------|--|----------------------------------|---|----------------------------------|---|---|---------------------------|----------------------------------|------------------|----------------------------------|--|--|--------------------------|------------------------------------|---|------------------------------------|--------|--------------------------|
| 1. <input checked="" type="checkbox"/> The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:<br>Deposit Account Number: 16-2460<br>Deposit Account Name: The Procter & Gamble Company   |   | 5. <b>ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Extension for reply within 1<sup>st</sup> month</td> <td>(\$120) <input checked="" type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2<sup>nd</sup> month</td> <td>(\$450) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3<sup>rd</sup> month</td> <td>(\$1,020) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4<sup>th</sup> month</td> <td>(\$1,590) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5<sup>th</sup> month</td> <td>(\$2,160) <input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td>(\$180) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)</td> <td>(\$130) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (q) Missing Parts (provisional)</td> <td>(\$50) <input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td>(\$130) <input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td>(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td>(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td>(\$1,000) <input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td>(\$1,370) <input type="checkbox"/></td> </tr> <tr> <td>Other:</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |                 | Fee Description                           | Fee Paid        | Extension for reply within 1 <sup>st</sup> month | (\$120) <input checked="" type="checkbox"/> | Extension for reply within 2 <sup>nd</sup> month | (\$450) <input type="checkbox"/> | Extension for reply within 3 <sup>rd</sup> month | (\$1,020) <input type="checkbox"/>        | Extension for reply within 4 <sup>th</sup> month | (\$1,590) <input type="checkbox"/> | Extension for reply within 5 <sup>th</sup> month | (\$2,160) <input type="checkbox"/> | Information Disclosure Statement fee     | (\$180) <input type="checkbox"/> | 37 CFR 1.16(e) Late Oath/Declaration (nonprovisional) | (\$130) <input type="checkbox"/> | 37 CFR 1.17 (q) Missing Parts (provisional) | (\$50) <input type="checkbox"/>           | Non-English specification | (\$130) <input type="checkbox"/> | Notice of Appeal | (\$500) <input type="checkbox"/> | Filing a brief in support of an appeal   | (\$500) <input type="checkbox"/>   | Request for oral hearing | (\$1,000) <input type="checkbox"/> | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | (\$1,370) <input type="checkbox"/> | Other: | <input type="checkbox"/> |
| Fee Description   | Fee Paid                                    |   |                 |   |                 |  |   |  |                                  |  |   |  |                                    |  |                                    |  |                                  |   |                                  |   |   |                           |                                  |                  |                                  |  |  |                          |                                    |   |                                    |        |                          |
| Extension for reply within 1 <sup>st</sup> month  | (\$120) <input checked="" type="checkbox"/> |   |                 |   |                 |  |   |  |                                  |  |   |  |                                    |  |                                    |  |                                  |   |                                  |   |   |                           |                                  |                  |                                  |  |  |                          |                                    |   |                                    |        |                          |
| Extension for reply within 2 <sup>nd</sup> month  | (\$450) <input type="checkbox"/>            |   |                 |   |                 |  |   |  |                                  |  |   |  |                                    |  |                                    |  |                                  |   |                                  |   |   |                           |                                  |                  |                                  |  |  |                          |                                    |   |                                    |        |                          |
| Extension for reply within 3 <sup>rd</sup> month  | (\$1,020) <input type="checkbox"/>          |   |                 |   |                 |  |   |  |                                  |  |   |  |                                    |  |                                    |  |                                  |   |                                  |   |   |                           |                                  |                  |                                  |  |  |                          |                                    |   |                                    |        |                          |
| Extension for reply within 4 <sup>th</sup> month  | (\$1,590) <input type="checkbox"/>          |   |                 |   |                 |  |   |  |                                  |  |   |  |                                    |  |                                    |  |                                  |   |                                  |   |   |                           |                                  |                  |                                  |  |  |                          |                                    |   |                                    |        |                          |
| Extension for reply within 5 <sup>th</sup> month  | (\$2,160) <input type="checkbox"/>          |   |                 |   |                 |  |   |  |                                  |  |   |  |                                    |  |                                    |  |                                  |   |                                  |   |   |                           |                                  |                  |                                  |  |  |                          |                                    |   |                                    |        |                          |
| Information Disclosure Statement fee  | (\$180) <input type="checkbox"/>            |   |                 |   |                 |  |   |  |                                  |  |   |  |                                    |  |                                    |  |                                  |   |                                  |   |   |                           |                                  |                  |                                  |  |  |                          |                                    |   |                                    |        |                          |
| 37 CFR 1.16(e) Late Oath/Declaration (nonprovisional)   | (\$130) <input type="checkbox"/>            |   |                 |   |                 |  |   |  |                                  |  |   |  |                                    |  |                                    |  |                                  |   |                                  |   |   |                           |                                  |                  |                                  |  |  |                          |                                    |   |                                    |        |                          |
| 37 CFR 1.17 (q) Missing Parts (provisional)   | (\$50) <input type="checkbox"/>             |   |                 |   |                 |  |   |  |                                  |  |   |  |                                    |  |                                    |  |                                  |   |                                  |   |   |                           |                                  |                  |                                  |  |  |                          |                                    |   |                                    |        |                          |
| Non-English specification   | (\$130) <input type="checkbox"/>            |   |                 |   |                 |  |   |  |                                  |  |   |  |                                    |  |                                    |  |                                  |   |                                  |   |   |                           |                                  |                  |                                  |  |  |                          |                                    |   |                                    |        |                          |
| Notice of Appeal  | (\$500) <input type="checkbox"/>            |   |                 |   |                 |  |   |  |                                  |  |   |  |                                    |  |                                    |  |                                  |   |                                  |   |   |                           |                                  |                  |                                  |  |  |                          |                                    |   |                                    |        |                          |
| Filing a brief in support of an appeal  | (\$500) <input type="checkbox"/>            |   |                 |   |                 |  |   |  |                                  |  |   |  |                                    |  |                                    |  |                                  |   |                                  |   |   |                           |                                  |                  |                                  |  |  |                          |                                    |   |                                    |        |                          |
| Request for oral hearing  | (\$1,000) <input type="checkbox"/>          |   |                 |   |                 |  |   |  |                                  |  |   |  |                                    |  |                                    |  |                                  |   |                                  |   |   |                           |                                  |                  |                                  |  |  |                          |                                    |   |                                    |        |                          |
| Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)   | (\$1,370) <input type="checkbox"/>          |   |                 |   |                 |  |   |  |                                  |  |   |  |                                    |  |                                    |  |                                  |   |                                  |   |   |                           |                                  |                  |                                  |  |  |                          |                                    |   |                                    |        |                          |
| Other:  | <input type="checkbox"/>                    |   |                 |   |                 |  |   |  |                                  |  |   |  |                                    |  |                                    |  |                                  |   |                                  |   |   |                           |                                  |                  |                                  |  |  |                          |                                    |   |                                    |        |                          |
| <b>2. BASIC FILING FEE - Large Entity</b><br><table border="1"> <thead> <tr> <th>Application Type</th> <th>FILING FEE</th> <th>SEARCH FEE</th> <th>EXAMINATION FEE</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>(\$300)</td> <td>(\$500)</td> <td>(\$200)</td> <td>(Total = \$1000) <input type="checkbox"/></td> </tr> <tr> <td>Design</td> <td>(\$200)</td> <td>(\$100)</td> <td>(\$130)</td> <td>(Total = \$430) <input type="checkbox"/></td> </tr> <tr> <td>Reissue</td> <td>(\$300)</td> <td>(\$500)</td> <td>(\$600)</td> <td>(Total = \$1400) <input type="checkbox"/></td> </tr> <tr> <td>Provisional filing fee</td> <td></td> <td></td> <td></td> <td>(Total = \$200) <input type="checkbox"/></td> </tr> </tbody> </table>   |   | Application Type  | FILING FEE      | SEARCH FEE                                | EXAMINATION FEE | Fee Paid   | Utility                                     | (\$300)  | (\$500)                          | (\$200)  | (Total = \$1000) <input type="checkbox"/> | Design   | (\$200)                            | (\$100)  | (\$130)                            | (Total = \$430) <input type="checkbox"/> | Reissue                          | (\$300)   | (\$500)                          | (\$600)                                     | (Total = \$1400) <input type="checkbox"/> | Provisional filing fee    |                                  |                  |                                  | (Total = \$200) <input type="checkbox"/> | <b>3. APPLICATION SIZE FEE:</b><br>Sheets of Spec and Drawings (\$250 for each 50 sheets in excess of 100, except for sequence and program listings)<br>SUBTOTAL (2)+(3) (\$0) |                          |                                    |   |                                    |        |                          |
| Application Type  | FILING FEE                                  | SEARCH FEE  | EXAMINATION FEE | Fee Paid                                  |                 |  |   |  |                                  |  |   |  |                                    |  |                                    |  |                                  |   |                                  |   |   |                           |                                  |                  |                                  |  |  |                          |                                    |   |                                    |        |                          |
| Utility   | (\$300)                                     | (\$500)   | (\$200)         | (Total = \$1000) <input type="checkbox"/> |                 |  |   |  |                                  |  |   |  |                                    |  |                                    |  |                                  |   |                                  |   |   |                           |                                  |                  |                                  |  |  |                          |                                    |   |                                    |        |                          |
| Design  | (\$200)                                     | (\$100)   | (\$130)         | (Total = \$430) <input type="checkbox"/>  |                 |  |   |  |                                  |  |   |  |                                    |  |                                    |  |                                  |   |                                  |   |   |                           |                                  |                  |                                  |  |  |                          |                                    |   |                                    |        |                          |
| Reissue   | (\$300)                                     | (\$500)   | (\$600)         | (Total = \$1400) <input type="checkbox"/> |                 |  |   |  |                                  |  |   |  |                                    |  |                                    |  |                                  |   |                                  |   |   |                           |                                  |                  |                                  |  |  |                          |                                    |   |                                    |        |                          |
| Provisional filing fee  |   |   |                 | (Total = \$200) <input type="checkbox"/>  |                 |  |   |  |                                  |  |   |  |                                    |  |                                    |  |                                  |   |                                  |   |   |                           |                                  |                  |                                  |  |  |                          |                                    |   |                                    |        |                          |
| <b>4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE:</b><br><table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>0 - 20** = 0 x 0 = 0</td> <td></td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>0 - 3** = 0 x 0 = 0</td> <td></td> <td></td> </tr> <tr> <td>Multiple Dependent claims:</td> <td>0 = 0</td> <td></td> <td></td> </tr> </tbody> </table> ** or number previously paid, if greater; For Reissues, see below<br><b>Fee Description</b><br>Claims in excess of 20 (\$50 per claim)<br>Independent claims in excess of 3 (\$200 per claim)<br>Multiple dependent claim, if not paid (\$360)<br>**Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim)<br>**Reissue claims: each claim over 20 and more than original patent (\$50 per claim) |   |   | Extra Claims    | Fee from Below                            | Fee Paid        | Total Claims                                     | 0 - 20** = 0 x 0 = 0                        |  |                                  | Independent Claims                               | 0 - 3** = 0 x 0 = 0                       |  |                                    | Multiple Dependent claims:                       | 0 = 0                              |  |                                  | SUBTOTAL (4) (\$0)                                    |                                  |   |   |                           |                                  |                  |                                  |  |  |                          |                                    |   |                                    |        |                          |
|   | Extra Claims                                | Fee from Below  | Fee Paid        |   |                 |  |   |  |                                  |  |   |  |                                    |  |                                    |  |                                  |   |                                  |   |   |                           |                                  |                  |                                  |  |  |                          |                                    |   |                                    |        |                          |
| Total Claims  | 0 - 20** = 0 x 0 = 0                        |   |                 |   |                 |  |   |  |                                  |  |   |  |                                    |  |                                    |  |                                  |   |                                  |   |   |                           |                                  |                  |                                  |  |  |                          |                                    |   |                                    |        |                          |
| Independent Claims  | 0 - 3** = 0 x 0 = 0                         |   |                 |   |                 |  |   |  |                                  |  |   |  |                                    |  |                                    |  |                                  |   |                                  |   |   |                           |                                  |                  |                                  |  |  |                          |                                    |   |                                    |        |                          |
| Multiple Dependent claims:  | 0 = 0                                       |   |                 |   |                 |  |   |  |                                  |  |   |  |                                    |  |                                    |  |                                  |   |                                  |   |   |                           |                                  |                  |                                  |  |  |                          |                                    |   |                                    |        |                          |
| SUBTOTAL (2)+(3)  |   | SUBTOTAL (5) (\$120)  |                 |   |                 |  |   |  |                                  |  |   |  |                                    |  |                                    |  |                                  |   |                                  |   |   |                           |                                  |                  |                                  |  |  |                          |                                    |   |                                    |        |                          |

| SUBMITTED BY      |                        | Registration No. |  | Telephone      |                |
|-------------------|------------------------|------------------|--|----------------|----------------|
| Name (Print/Type) | Julia A. Glazer        | 41,780           |  | (513) 627-4132 |                |
| Signature         | <i>Julia A. Glazer</i> | Attorney/Agent   |  | Date           | April 15, 2005 |

This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. These will vary depending upon individual cases. My comments on the amount of time you are required to complete this form under suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460.

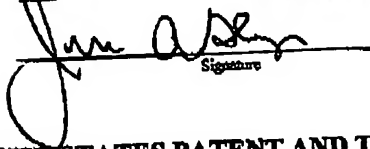
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F&HC PATENT DIVISION

5136278118 P.03/07

I hereby certify that this correspondence is being  
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Office on April 15, 2005, to fax number 703-872-9306.

Julia A. Chover 41-781  
Name Attorney Registration Number

  
Signature

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APR 15 2005

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

IN RE APPLICATION OF:  
LAURA LYNN HEILMAN

:  
: CONFIRMATION NO: 9815

SERIAL NO.: 10/697,685  
FILED: October 29, 2003

: GROUP ART UNIT: 3749  
: EXAMINER: KATHRYN S. O'MALLEY

FOR: FABRIC ARTICLE TREATING  
DEVICE COMPRISING MORE THAN ONE  
HOUSING

P&G CASE: 9398

**PETITION FOR ONE MONTH EXTENSION OF TIME AND RESPONSE TO OFFICE**  
**ACTION DATED DECEMBER 15, 2004**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-145

Dear Sir:

**INTRODUCTORY COMMENTS**

This is responsive to the Office Action for the above-referenced patent application dated December 15, 2004. Applicants hereby petition for a one month extension of time to respond to this action. Authorization is provided to charge any fees due hereunder to Deposit Account No. 16-2480. As a matter of review, the instant application is comprised of Claims 1 - 23.

*Remarks begin on page 2 of this paper.*